S'IBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JAN 212022

Bayfield Co.

Permit #:	22-0018 EM
Date:	2-R-2018
Amount Paid:	1175 Spotuse-A
Other:	i de la
Refund:	

INSTRUCTIONS: No permits will be issued until all fees

DO NOT START CO	NSTRUCTIO	ON <u>UNTIL</u>	ALL PERM					Origin			on <u>MUS</u>	T be submi	tted	FILL OUT IN IN	ık (<mark>NO</mark>	PENCIL)	
TYPE OF PERMIT		SANITARY PRIVY CONDITIONAL USE SPECIAL USI								B.O.A. 🗆	OTHER_						
Owner's Name:		iling Ad		ia.				State/Zip:			Telepho	one:					
Address of Propert	+,		BOY 4	91			Tro	n River	WI	54847	745						
72370	4			- WI	_	5484	7				Cell Pho	one:					
Email: (print clear			O KIVO	WL		3767	/	-			715-2	292-3269					
Contractor:					Con	Contractor Phone: Plumber:								Plumber Phone:			
Authorized Agent: Owner(s))	(Person Sign	Ago	Agent Phone: Agent Mailing Address (include City/Sta							//State/Zi	written Authorization Required (for Agent)						
PROJECT LOCATION	egal Descr	ription:	(Use Tax	Statement)		30 2 6 8 Re							Record	Recorded Document: (Showing Ownership)			
NW 1/4, 5W	1/4	v't Lot	CSM	CSM Vol & Page CSM Doc# Lot(s)# Block # St							Subdivi	ubdivision:					
Section <u>19</u>	_ , Townsł	hip <u>4</u>	8 N, F	Range <u>8</u>	w		Town o	of: Tri	ρρ				Lot Size A			Acreage 43	
	☐ Is Pro	perty/Landw	and with	in 300 feet of Floodpla	of River,		incl. Inte	ermittent)	_	Distance	Structure 500	e is from Sho	reline : feet	Is your Pro		Are Wetland	
Shoreland -	ls Pro	perty/L	and with	in 1000 fee	t of Lake	Lake, Pond or Flowage If yescontinue Distance Structure is from Shorel							Zone 🗆 Ye	s	Present? Yes		
☐ Non- Shoreland								,		L L	10			S No	0		
Value at Time								Sistema				Min viizino		3 1			
of Completion					Inningt			151		Total #				Type of		Type of	
* include		Projec	ct	The same of the sa	Project of Storie		Project Foundation			bedrooms				tary System(s)	Water	
donated time & material					Jeone	200	Tourius	ation		prope	rtv			property <u>or</u> the property?		on	
	□ New	Constr	uction	X 1-	-Story		Baser	ment			and the same			ine property:		propert	
- '				□ 1.	Story +		Dasei	Hent	□ (New) S					nacif. T.		☐ City	
\(\text{Addition/Alteration} \)			Loft		Found	dation		2		☐ (New) Sanitary Specify Type: ———————————————————————————————————				- Well			
Conversion 2-Sto				-Story	ry Slab 3 Sanitary (I						Exists) Specify Type:						
			isting bldg) 🗆 _		[Privy (Pit)	or 🗆	or Uaulted (min 200 gallon)			
	☐ Run :		ess on			Use											
	Prop					★ Year Round □ Compost To											
	1 _ :	STR				□											
Existing Struct	ure: (if add	dition, alt	eration o	r husiness is	heing an	nlied for	r) la	ngth:	-	34	100	dth:	- 0				
Proposed Cons	truction:	(overa	all dimen	sions)	being up	piica ioi		ngth:) 4		dth:	28	Heig Heig		16	
				501 (64 TH								utili.		neig	111.		
Proposed	Use	1				Proposed Structure								Dimensions		Square Footage	
				pal Struct					y)				(Х	}		
			Reside											Х)		
Residentia	al Use	-			h Loft									Х)		
					h a Porc					(Х)					
1100					h (2 nd) P h a Decl		-	+	99	_ (Х)					
						2nd) Deck								Х)		
☐ Commerci	ial Use				h Attach		Maga (1	1000	(%	- (X)					
			Bunkh					CA T	The Park	3-10				X	15	1	
												d prep faciliti	es) (X)	100	
			IIdolvi	e Home (r	nanutact	ured da	ite)						_ (Х)		
☐ Municipal Use☐ Addition/Alteration☐ Accessory Building						plain) _							_ (Х)		
						(explain) Addition/Alteration (explain)								Х)		
													_ (Х)		
		Je.		l Use: (ex				entel			STR		. (34 × 28	5)	1008	
				ional Use		n)							. (Х)		
, 111	7.5		Other	(explain)			14.	364	i le	L'MA	12		(Х)		
			FAILURE	TO OBTAIN	A PERMIT	or STAR	TING CON	STRUCTION	WITH I	IOUT A P	RMITMU	L RESULT IN PE	NALTIES		·		
I (we) declare that thi (are) responsible for t result of Bayfield Cou property at any reaso	inty relying or	this inform	iny accompa f all informa mation I (we	nying informa tion I (we) am) am (are) pro	tion) has be (are) provid	en examin	ned by me (u	us) and to the	best of	f my (our) k	nowledge a	nd belief it is true	, correct an	d complete. I (we) a t. I (we) further acce linances to have acce	cknowledge pt liability v	that I (we) am which may be a	
Owner(s):	San	n da	DA.	4/	Marin.	lokel	,,						41	Date 1-2			
(If there are Mu	pic Owill	ara nated	on the De	eu <u>All</u> Own	ers must	sign <u>or</u> l	etter(s) of	authoriza	ition m	nust acco	mpany th	is application					

zed Agent: ______ (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Date

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Attach

ox below: Draw or Sketch your Property (regardless of what you are applying for)

Show Location of: (1) (2)

Proposed Construction

Fill Out in Ink - NO PENCIL

(3) Show Location of (*):

Show / Indicate:

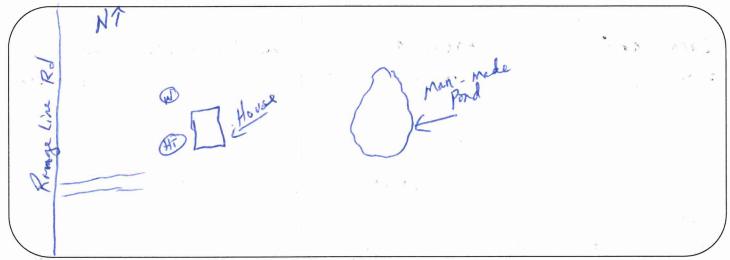
North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road)

(4)Show: All Existing Structures on your Property

(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

Show any (*): (6)Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20% (7)



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements			Description	Setback Measurements		
Setback from the Centerline of Platted Road	242	Feet		Setback from the Lake (ordinary high-water mark)	-	Feet	
Setback from the Established Right-of-Way	209	Feet		Setback from the River, Stream, Creek	_	Feet	
				Setback from the Bank or Bluff		Feet	
Setback from the North Lot Line	554	Feet					
Setback from the South Lot Line	1081	Feet		Setback from Wetland	_	Feet	
Setback from the West Lot Line	242	Feet		20% Slope Area on the property	☐ Yes	□ No	
Setback from the East Lot Line	1203	Feet		Elevation of Floodplain		Feet	
Setback to Septic Tank or Holding Tank	15	Feet		Setback to Well	13	Feet	
Setback to Drain Field		Feet					
Setback to Privy (Portable, Composting)		Feet					

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the usly surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	0-80s	Sanitary Date: 6-25 - 20							
Permit Denied (Date):	Reason for Denial:									
Permit #: 22-00/8	Permit Date: 3-8-	2032								
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming □ Yes (Deed of Record □ Yes (Fused/Contigu	ous Lot(s))	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required Affidavit Attached Yes No						
Granted by Variance (B.O.A.) ☐ Yes ☑ No Case #:	Previous Print	Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:								
Was Parcel Legally Created Was Proposed Building Site Delineated ☐ Yes ☐ No		Were Property Lines Represented by Owner Was Property Surveyed Yes U Yes								
Inspection Record: Was on site for halding tank installation. OK	house land u to issue.	use inspection and Zoning District (A Lakes Classification (
Date of Inspection: Summer's fall 2020	Inspected by:	1d Dormso	1	Date of Re-Inspection:						
		THE RESIDENCE OF THE PARTY OF T	ched.)	CIL D. Health						
Must obtain a torrist	room house	ng lianse	from the D	atticies Co Her						
Condition(s): Town, Committee or Board Conditions Attached? Yes No-(If No they need to be attached.) Mist obtain a forrist room horsing lianse from the Beyfield lo Health Department prior to centing.										
Signature of Inspector:	vos	Date of Approval:								
Hold For Sanitary: 🗆 Hold For TBA: 🗆 _	Hold For Affic	Affidavit: Hold For Fees: Hold For Fees: Hold For Fees:								

Bayfield County, WI



TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department P.O. Box 58 – Washburn, WI 54891 Phone – (715) 373-6138

Fax – (715) 373-0114 e-mail: zoning@bayfieldcounty.org Website: www.bayfieldcounty.org/147

Date Zoning Received: (Stamp Here)

JAN 21 2022

Bayneld Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 ½ x 14) [front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

<u> </u>									
Property Owner Sara Lahti Danis Lahti	Contractor								
Property Address 72370 Range line Rd	Authorized Agent								
	Agent's Telephone								
Telephone 715-292-3269									
Accurate Legal Description involved in this request (specify c									
NW 1/4 of SW 1/4, Section 19, Township 48									
Govt. LotLot Block Subdivision	CSM#								
Volume Page of Deeds Tax I.D# 30268	Acreage 43								
Additional Legal Description:									
Applicant: (State what you are asking for) Zoning Dis	trict: Lakes Classification								
I would like to vent my home during	of the times Im working out								
of town.									
·									
We, the Town Board, TOWN OF Tripp	do hereby recommend to								
☐ Table ☐ Approva									
Have you reviewed this for Compatibility with the Compre									
Township: (In detail clearly state Town Board's reason for re									
The Tripp approves this applica									
improve the shortage of re	entals in this area. Housing in								
Bayfield County is in demand.	A								
** THE FOLLOWING <u>MUST</u> BE INCLUDED WITH THIS FORM:	Signed:								
1. The Tabled, Approval or Disapproval box checked	Chairman: ////////////////////////////////////								
2. The Town's reasoning for the tabling, approval or disapproval3. The form returned to Zoning Department not a copy or fax	The state of the s								
** NOTE:	Supervisor: Any Hair								
Receiving Town Board approval, does not allow the start	Supervisor:								
DELENGED TOWN BUSINESS OF STORY OF STORY TO COST	A. W. Market and A. M. Market and A. M.								
of construction or business, you must first obtain your	Clerk: Gludy (190)								
	Clerk: 9 1 2 2 2 2 2								

Real Estate Bayfield County Property Listing

Today's Date: 1/28/2022

Property Status: Current

Created On: 3/15/2006 1:16:04 PM

Description

Tax ID: 30268 PIN:

Legacy PIN:

04-048-2-48-08-19-3 02-000-10000

Updated: 8/3/2020

048102707000

Map ID:

Municipality: (048) TOWN OF TRIPP S19 T48N R08W

STR: Description:

NW SW IN DOC 2020R-583162 235

Recorded Acres: Calculated Acres: 43.080 42.161 1

Lottery Claims: First Dollar:

Yes (AG-1) Agricultural-1

Zoning:

ESN: 129

Tax Districts Updated: 3/15/2006 STATE 04 COUNTY 048 TOWN OF TRIPP 044522 SCHL-SOUTHSHORE 001700 TECHNICAL COLLEGE

Recorded Documents

Updated: 3/15/2006 WARRANTY DEED

Date Recorded: 7/16/2020 **WARRANTY DEED**

Date Recorded: 6/8/2007 2007R-514266 971-898

□ CONVERSION

Date Recorded: 781-917;782-372;788-644 Ownership

Updated: 8/3/2020 IRON RIVER WI

SARAH J & DENNIS LAHTI

Mailing Address:

102,400

67.9%

Billing Address: SARAH J & DENNIS LAHTI

PO BOX 491

IRON RIVER WI 54847

SARAH J & DENNIS LAHTI

PO BOX 491

IRON RIVER WI 54847

Site Address * indicates Private Road

72370 RANGE LINE RD

IRON RIVER 54847

Property Assessment Updated: 4/19/2021 2021 Assessment Detail Code Acres Land Imp. **G1-RESIDENTIAL** 1.000 5,000 46,900 **G6-PRODUCTIVE FOREST** 42.080 50,500 2-Year Comparison 2020 2021 Change Land: 55,500 55,500 0.0% Improved: 5,500 46,900 752.7%

61,000



2020R-583162

Total:

Property History

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY - 20-80S (4-bedroom)
SIGN SPECIAL - X (Town of Tripp-01/21/2022)
CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	22-0	0018	3	l	ssue	d To: De	ennis	& Sarah La	hti								
Locatio	n: NW	1/4	of	SW	1/4	Section	19	Township	48	N.	Range	8	W.	Town of	Tripp		
Gov't Lot Lot				Blo	ock	Su	Subdivision				CSM#						
Reside For: O		[1-S					nce (Unit Short- 36' x 28') = sions or develo	1,008	sq. f	t. Heigh			itting.			
Condit								using Lice litary syste			he Bayfi	eld	Coun	ty Health	Dept. prior to	_	
NOTE: This permit expires one year from date of issuance if the authorized construction									Todd Norwood, AZA								
work or land use has not begun. Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found									Authorized Issuing Official								
	to have been misrepresented, erroneous, or incomplete.							-					February 8, 2022				
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.											Date						